

# Kingsland Public Schools

## Parent Authorization for Prescription Medications

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

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\*I, the undersigned parent/guardian of the above named student, request that the following medication be given during school hours as ordered by this student's physician.

\*We will notify the school of any change in medication.

\*I release school personnel from liability should reactions result from medication.

\*I give permission for the assigned staff to administer the medication on a scheduled school field trip.

\*I give permission for school personnel to communicate with teachers about the action and side effects of this medication.

\*I give permission for school personnel to consult with the child's physician regarding any questions that arise with regard to the listed medication or medical condition being treated by this medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

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### Physician's Order/Authorization

I hereby request and authorize Kingsland staff to give the following medication to the above named student:

name of medication	dosage	time of day given	duration
_____			
_____			

Medical Reason for Medication \_\_\_\_\_

Possible Side Effects from Medication \_\_\_\_\_

\*Epi-pens and Inhalers only:

Student may (please initial all that apply)

- ☐ self-carry  
☐ self-administer

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physician's Name \_\_\_\_\_

Medical Clinic \_\_\_\_\_ Telephone Number \_\_\_\_\_

## **SCHOOL MEDICATION POLICY**

- School personnel will not provide any medication to students (personal medications to others).
- Medications are to be given outside school hours if possible. Students requiring medication in school must have the Medications Physician Order and Parent Authorization Form completed and signed BEFORE any prescription medications will be given at school.
- All medication must be in the original bottle.
- School personnel administering medication shall maintain a record of the medication, dosage and time given. This policy is restricted to the administration of prescribed medications that can be taken orally (e.g. pills/liquid/inhaler) or that can be applied externally.
- Under no circumstances may a child transport medication to and from school. All medication must be brought in or picked up by the parent/guardian.
- Bronchial inhalers and epi-pens for students will be stored in the office. Those students required keeping in possession their inhalers and epi-pens due to the severity of their condition might do so with a doctor's written order and parent's permission.
- Over-the counter medications should be brought to school in the original container with the student's name on the container. The medications will need a physician's order and a parent authorization if:
  1. The dosage exceeds what the manufacturer recommends
  2. The age of the student is below that recommended by the manufacturer
  3. Grades PK-6: Parents must bring over-the-counter medicines to the school office for distribution. Parents will need to complete a parental authorization form.
  4. Grades 7-12: Students may bring over-the-counter medicines to the school office for distribution. Parents will need to complete a parental authorization form.
  5. Field/Camping Trips: It is the parent's responsibility to inform the health office prior to the day of the trip of any medication requirements for the student should the trip extend beyond normal school hours.

*Medication Physician Order Forms are available at the Doctor's office or at school. Parent Authorization Forms are available at school. New forms are required annually at the start of the new school year.*